

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553216.

FILING DATE

13 SEP 2006

APPLICANT(S)

9-22-09

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5	/		/			
6		/		/		
7	/		/			
8	/		/			
9	/		/			
10		2		2		
11		2		2		
12		2		2		
13		2		2		
14	/		/			
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		6		6		
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48						
49						
50						
TOTAL IND.	7		7			
TOTAL DEP.	25		25			
TOTAL CLAIMS	32		32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						